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ABSTRACT

Early personality and environmental characteristics that predict later problematic aggression and depression in children were investigated longitudinally. A developmental psychopathology approach was taken. (This approach assumes that patterns of adaptation and maladaptation in development can best be understood when explored simultaneously and with a focus on individual variability.) A total of 50 children 2 years of age were observed on three occasions in interactions with a familiar peer in a laboratory setting. Patterns of undercontrol and overcontrol were observed, as were positive social skills. Children's social skills and problems were observed 3 years later in peer interaction settings, and psychiatric and psychological evaluations were conducted. Half of the sample had mothers ill with depression. Findings revealed that high levels of aggression and dependency at the age of 2 were significant predictors of antisocial behavior and depression when children were 6 years old. Patterns of prediction were strongest for aggression. But precursors of later depression were also identifiable in children's very early play patterns, and significant relations between aggression and depression were found. Problematic behaviors were more frequent and stable over time for boys than for girls. Maternal depression was a major correlate of continuity of behavior problems over time. Concluding remarks present a working model of early personality development and suggest directions for future research. (Slides accompanied the presentation of this paper; appended are a chart and six bar graphs analyzing behaviors depicted in four slides.) (RH)

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Carolyn Zahn-Waxler

Problem Behaviors in Young Children

My discussion will focus mainly on attempts to identify early precursors of antisocial behavior and symptoms of depression in children. Although these emotional problems typically are not diagnosed or considered serious before a child reaches school age, they may have origins in earlier patterns of disturbance. My colleagues, Mark Cummings and Ronald Iannotti, and I are studying whether aggression in two-year-olds predicts later antisocial behavior. We also are trying to learn whether there are early behavioral indicators, such as submissiveness and dependency, of later symptoms of anxiety and depression. A third question concerns the interconnections of these externalizing and internalizing problems.

We have adopted a developmental psychopathology perspective in this work. This approach assumes that patterns of adaptation and maladaptation in development can best be understood when explored simultaneously and with a focus on individual variability. This approach is also interdisciplinary, as it combines constructs and methods from developmental psychology, clinical psychology, and psychiatry. In our study, children from high and low risk environments have been followed in a longitudinal research design, with risk defined in terms of parental (maternal) depression. This dimension has been associated both with heightened aggression and depression in children.

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We have concentrated in measurement on children's interactions with familiar peers as well as caregivers. If problem behaviors are present early in development, it is important to ascertain if and how they generalize to social relationships outside the family setting. Several theories suggest that peer interactions (and the opportunities for conflict, cooperation, and negotiation that they provide), are essential for promoting and maintaining normal psychosocial growth. The quality of peer interactions thus provides an index of both risk and protective factors early in development.

Research evidence indicates that school-age children who fail in peer relations are at special risk for later psychiatric problems. Two subgroups typically emerge as problematic: aggressive or antisocial children and depressed, withdrawn children. There are also children who have been described as showing both externalizing and internalizing problems.

Earlier psychodynamic views of depression as a form of aggression against self, or of aggression toward others as masked depression, have been called into question. This is due to the diverse patterns of relations often found in research, in diagnosis, and in clinical practice between internalizing and externalizing symptoms. Often negative associations between aggression and depression are reported. But there also have been indications that these two orientations go hand in hand. High levels of violence toward others often precede suicidal behavior in young people. Conduct problems in children decrease when

given drug treatment for depression. And longitudinal research has found an association between early antisocial behavior and later depression in girls but not boys.

Further longitudinal research on problem behaviors in very young children, before the elementary school years, could help to identify and clarify the conditions under which aggression and depression become positively related, negatively related, or disassociated in older children and adults. I will be describing exploratory work on some of these issues. In addition to the focus on problem behaviors, behaviors that may serve as protective factors are also examined.

The research sample consists of 50 children, seen first at the age of two. Forty-six returned for follow-up at five and six. Half of the children came from homes with a depressed mother. The families were predominantly middle-class and Caucasian. Slightly more boys than girls were seen.

A major methodological task was to construct settings where one might see the early development of internalizing and externalizing orientations. Environments were created to stimulate and challenge two-year-old children in terms of their social skills. We examined how children coped with (1) new social settings, (2) stressful background events (e.g., conflict or arguments between others, (3) separation from the mother, (4) mild frustrations imposed by an unfamiliar adult, and (5) social learning tasks taught to them by their mothers and other adults.

Each two-year-old child was seen in three, two-hour observation sessions. The next slide summarizes the behaviors measured. These include aggression, assertiveness, affiliation or sociability, dependency, affect, styles of coping with stress, and attachment patterns. Aggression and dependency were targeted as possible precursors of later externalizing and internalizing problems. The choice of early aggression as a prediction variable seems intuitively obvious, but dependency may require more explanation. Dependency or excessive neediness typically reflects passivity, submissiveness and helplessness. In theory and in the empirical literature, with older children and adults, helplessness has been linked with the qualities of "giving up," despair, and the negative self-image that are key features of depression. Aggression and dependency each have positive counterparts, namely assertiveness and friendly or affiliative behavior, respectively. These social skills should function to protect against later problem behaviors.

Measures of family functioning and parent-child interaction also were obtained but will not be elaborated here as our first efforts in analysis were to explore continuity in child behavior problems. The children were seen again at age five under similar, but more abbreviated, conditions of observation.

The children returned for clinical assessments at age six. The Childhood Assessment Schedule, a structured psychiatric interview, was administered to each child. In conjunction with information obtained from the Achenbach Child Behavior Check

List, filled out by the mother, DSM-III diagnoses were obtained. Most of the data presented today will be based just on the Achenbach scores. Therefore, the slide elaborates the major items for the different factors (SLIDE 1).

Our expectations were that early aggression would predict later aggression, while early passivity and dependency would predict later symptoms of depression. And that the functional counterparts of aggression and dependency, namely assertiveness and sociability, would function as protective factors. While continuities in problem behaviors were identified, the story, of course, was not so simple.

Longitudinal analyses of the data are based on comparisons of the entire sample across time and on separate comparisons of children with depressed and normal mothers. Patterns of continuity for boys vs. girls are also explored. The first graph shows the magnitude of correlations between aggression at two and problems at six for the entire sample (SLIDE 2). The top half of the graph shows externalizing problems at six and the bottom half shows internalizing problems at six in relation to early aggression. Forms of early aggression include undirected aggression, hostility toward an unfamiliar adult, and intense aggression toward the peer.

There are many significant correlations between aggression at two and externalizing problems at six. Undirected aggression in particular, and aggression toward an unfamiliar adult predict externalizing problems four years later. Undirected aggression

at age two also predicts later internalizing problems, particularly depression, but the patterns are weaker. These findings suggest both a link between aggression and depression and some specificity in prediction.

When we look at children from high and low risk samples separately, the continuity is stronger for children at risk and depends upon the type of aggression. And patterns of continuity are stronger for boys than girls. These generalizations hold for all continuity analyses: children from the high risk sample, especially boys, account for the patterns of stability.

Assertiveness did not function as a protective factor in this study: No significant patterns of continuity were identified. Assertiveness in two-year-olds is difficult to measure; some object struggles and acts of physical aggression may reflect adaptive assertiveness while others are more dysfunctional. We are currently exploring other ways of assessing dominance and positive control in very young children.

The next slide (SLIDE 3) shows correlations of dependency at two with aggression and depression at six. Measures of dependency included compliance toward the peer, reliance on mother during peer play, and passivity in the face of aggression from the peer. Also, physical affection toward the playmate is included in this set of measures. It relates positively to other dependency measures and hence may reflect unresolved dependency needs. Dependent children at two show both internalizing and externalizing problems at six. The upper graph indicates that

compliance and physical affection are related to the aggression, delinquent and hyperactive Achenbach subscales.

The lower graph shows that dependency at two also predicts internalizing symptoms at six. These patterns are not as strong, but they are beyond chance levels. Compliance at two predicts later depression, and passive reactions to aggression predict later somatic complaints. We also found that children who are highly reliant on their mothers during peer play, have many more problems later on. High reliance on the mother undoubtedly reflects an unwillingness or inability to explore the physical and social environment. Thus, these children may share many common characteristics with Kagan's inhibited children.

Our fourth cluster of items indexed good social skills at two. (SLIDE 4) Socially skilled, sensitive, affiliative two-year-olds were likely to have relatively few problems at age six, particularly internalizing problems. The correlations here are negative in sign: that is, the more positive social skills at two, the fewer behavior problems four years later.

The complex connections between aggression, dependency, and affiliation indicated by these analyses have implications for interpretations of studies of aggression and altruism. A frequent finding (and for boys and young children in particular) is that aggression and altruism are positively correlated. A common interpretation is that both are mediated by high levels of sociability and activity. Here we have distinguished between two types of sociability -- one manifested in positive, affiliative

tendencies and one manifested in dependency and helplessness. The positive social behaviors are unrelated to aggression in young children. But the dependent, helpless behaviors are associated with aggression. Perhaps anxiety underlies both behavior patterns and hence, more than sociability, may mediate high levels of aggression and prosocial behavior.

Our evidence for early precursors of later problem behaviors is based on laboratory observations of two-year-old children's interactions with playmates. There is some corroborative data from the mothers, suggesting possible long-term effects of early deprivation and disturbances in peer interactions. Mothers who did not seek out playmates for their toddlers or place them in play groups at a young age, more often had children with multiple problems at age six. This lack of experience with peers was commonly embedded within a broader matrix of factors, e.g., these children also tended to have insecure attachments to the mother, and often the father, as well as the mother, was depressed. Moreover, the social networks of the mothers tended to be restricted and dysfunctional. The mothers had fewer friends and more often had friends with emotional problems (and their children play together).

In these environments of isolation and disturbed emotional relationships, children's learning, practice, and maintenance of good social skills is less than optimal. Entrenched patterns of aggression, dependency and isolation may develop, that only

become diagnosed or evident when the child joins that larger social world of peers and teachers.

The correlations presented here represent a first level of analysis. We are constructing profile patterns of behaviors at two, to identify children with different constellations of behavior problems. And we are currently examining how behaviors observed in the two-year-olds relates to social competence as observed in children's interactions with peers at age five. While the data informs us that precursors of behavior problems can be identified for some children, we remain largely uniformed about specific dimensions of temperament and experience that contribute to these continuities.

I would like to present a working model of early personality development that may help in interpretation of findings. Portions of it have already been alluded to in discussions of why we have focused on aggression, assertiveness, dependency and positive affiliation as the main measures of social competence and dysfunction. I believe that there are two major mechanisms through which adaptive interpersonal relationships are established and maintained. One is an <u>assertion system</u>, in which the quality of relationships is determined through dynamics of mastery, dominance, and autonomy. The other is an <u>affiliation system</u> where relationships are guided by concern for others, interpersonal sensitivity, reciprocity, and connection between self and other. From an ethological and sociobiological perspective, each is important for survival. From a very early

age we approach social interactions with a (built-in) readiness for assertion and affiliation.

The functions of each system are somewhat different, one having to do more with social control and the other with social connection. But there are common elements as well: interpersonal conflicts may be resolved, problems negotiated, and relationships established through assertive or affiliative orientations. Both systems have mental health implications. Each can be viewed as protecting the organism against internalizing and externalizing problems. Assertiveness can be contrasted with the helplessness and hopelessness that characterizes depression. And it is an adaptive alternative to aggressive methods of controlling others. Affiliation can be viewed as a buffer against the social isolation that is also part of depression -- and so on. If there are perturbations in the assertion and affiliation systems, if there is a breakdown or exaggeration of these behaviors, the more maladaptive aspects of controlling, being controlled, and being out-of-control, come into play.

The degree to which different individuals show assertiveness and affiliation (and the balance of the two) varies considerably. There is a need to know more about the genetic and environmental backgrounds of children that contribute to and protect against the breakdown of these systems at different stages of development. The anxiety associated with being out-of-control may prove to be an important mediating factor in different types

of emotional problems. Anxiety is a signal that something is wrong. Humans typically look for causes of problems, either blaming others or taking responsibility themselves (or both). Hence, it will be important to learn more about the development of guilt and blame and of different strategies for coping with anxiety, if we are to understand those more extreme forms of aggression, and sadness and isolation that children experience.

SLIDE 1

DIMENSIONS OF EXTERNALIZING AND INTERNALIZING:
PRINCIPAL ACHENBACH ITEMS FOR NIMH SAMPLE

EXTERNALIZING

AGGRESSION: ARGUES, BRAGS, DEMANDS ATTENTION, DISOBEYS AT HOME, JEALOUS, SHOWS OFF, STUBBORN, TEMPER TANTRUMS

DELINQUENT: DESTROYS OBJECTS, DISOBEDIENT AT SCHOOL, LIES, SWEARS, FRIENDS WHO GET IN TROUBLE

HYPERACTIVE: ACTS YOUNG, CAN'T CONCENTRATE, HYPERACTIVE, DAYDREAMS, IMPULSIVE, PREFERS YOUNGER CHILDREN

INTERNALIZING

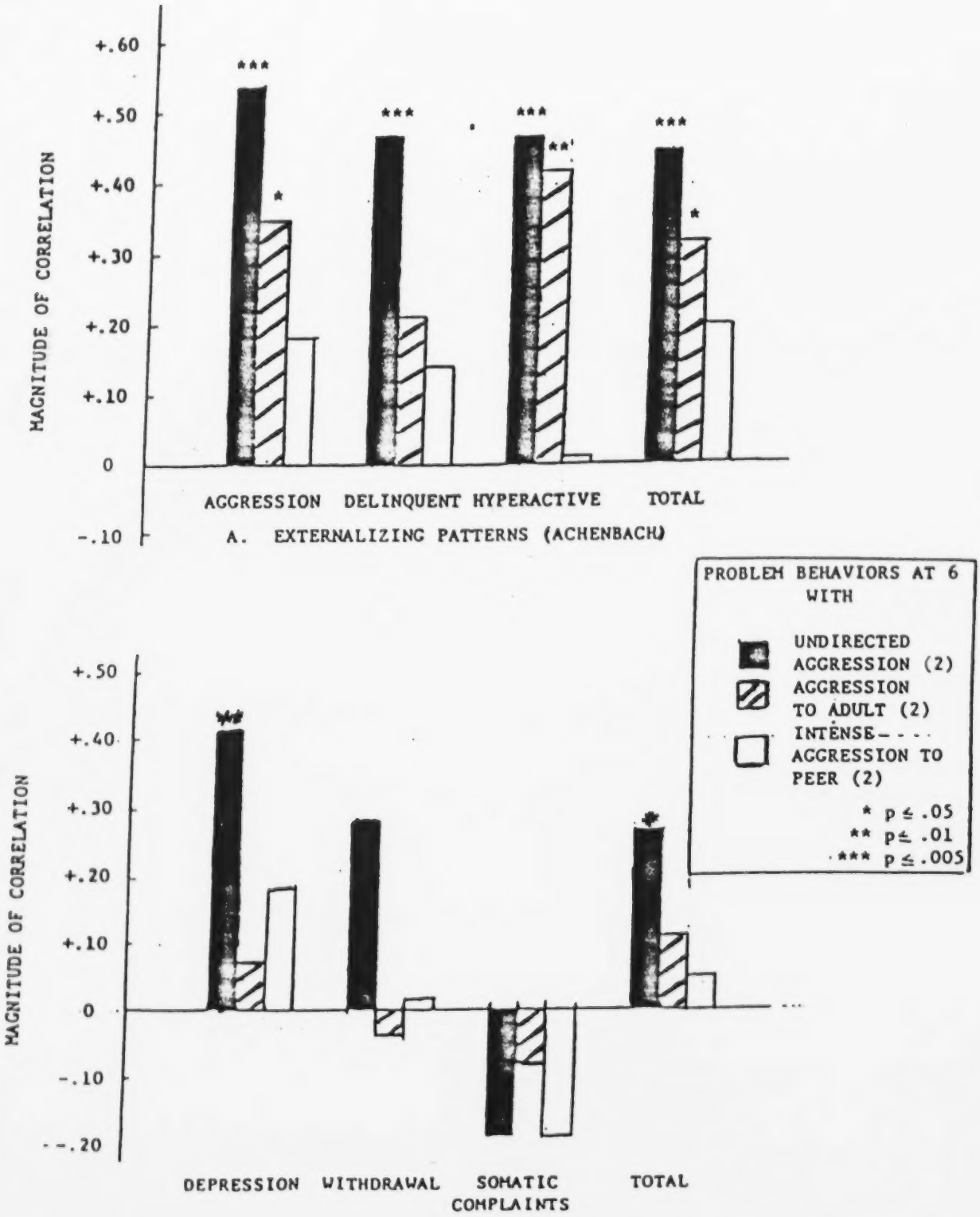
DEPRESSION: CRIES, SAD, FEELS UNLOVED, ANXIOUS, SELF-CONSCIOUS, LONELY, FEELS WORTHLESS, BLAMEWORTHY, PERFECTIONIST

WITHDRAWAL: POOR PEER RELATIONS, LIKES TO BE ALONE, SHY, SECRETIVE, TEASED, WITHDRAWN

SOMATIC COMPLAINTS: TIRED, STOMACH ACHES, HEADACHES, POOR EATER, ALLERGIES, NIGHTMARES

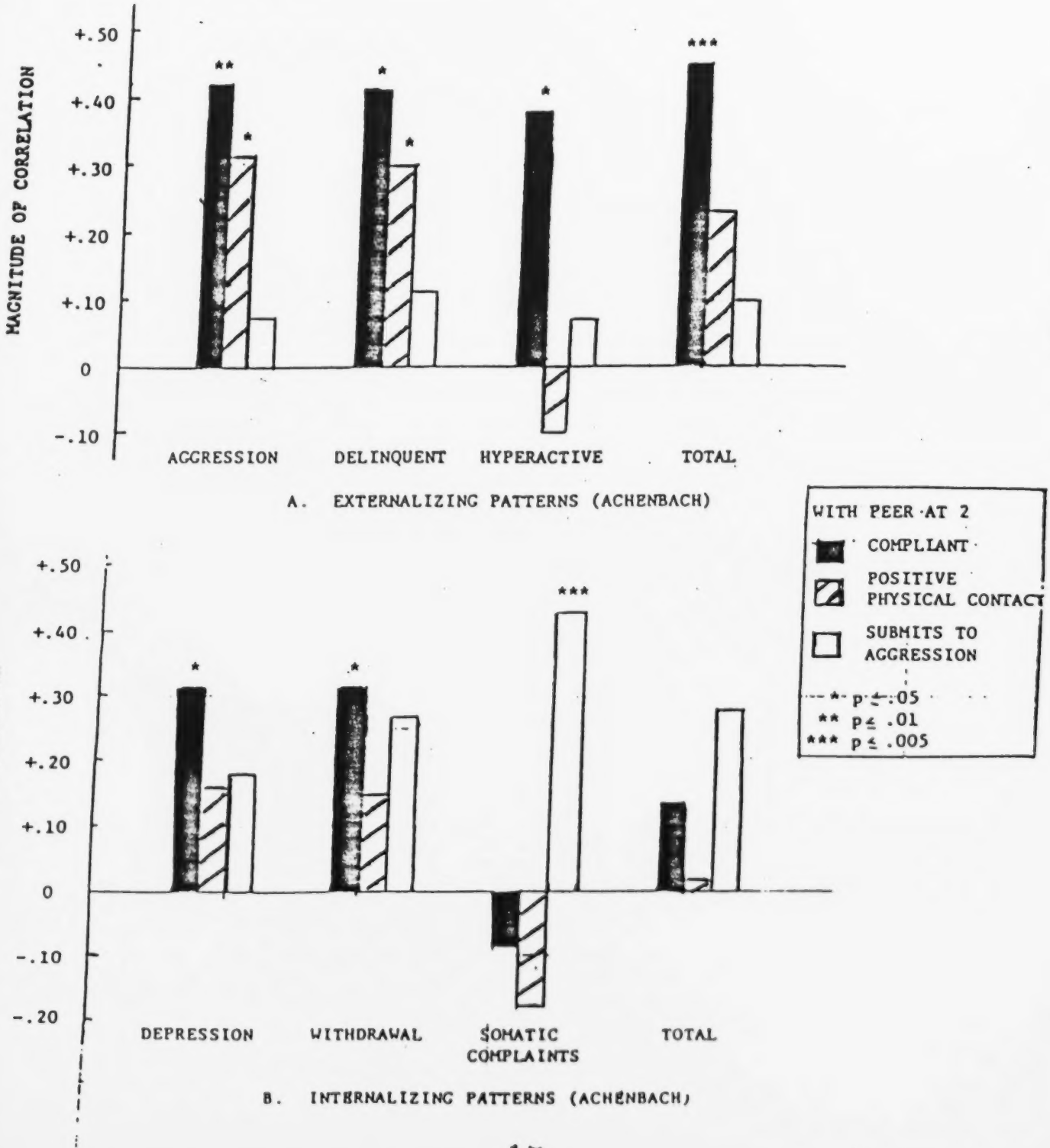
SLIDE 2

PROBLEM BEHAVIORS AT SIX WITH AGGRESSION AT TWO
(PATTERNS OF CORRELATIONS)



SLIDE 3

PROBLEM BEHAVIORS AT SIX WITH CONFORMITY/DEPENDENCY AT TWO
(PATTERNS OF CORRELATIONS)



A. EXTERNALIZING PATTERNS (ACHENBACH)

B. INTERNALIZING PATTERNS (ACHENBACH)

SLIDE 4

PROBLEM BEHAVIORS AT SIX WITH AFFILIATIVE BEHAVIORS AT TWO